IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 179964

IMPROVEMENT PERMIT / AUTHORIZATION TO CONSTRUCT / OPERATION PERMIT / EXISTING SYSTEM

PIN # 4771356867

APPLICANT: Deborah Jakielski APPLICANT ADDRESS: 213 Winding Arbor Cir

SITE ADDRESS: 213 Winding Arbor Cir Mooreland 27013 PHONE: 704-462-4104 ALT. PHONE: N/A

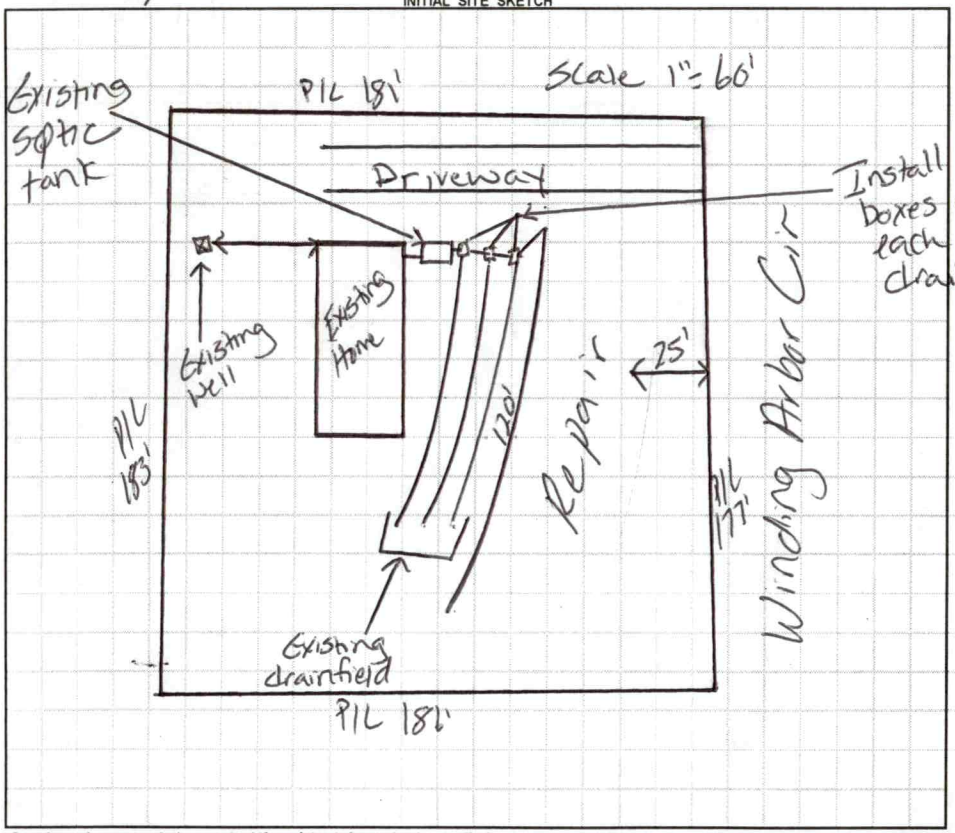
SITE DIRECTIONS: Hwy 70 E TR Triplett Rd. TL Watermass TR Winding Arbor Cir

SUBDIVISION: Willow Ridge SECTION: 1 LOT # 34 LOT AREA: 0.76 acres DESIGN FLOW: 360gpd L.T.A.R.: 0.25

Septic Tank	Existing	(gal)	STB		Date		☐ New System	☐ Repair	☑ Expansion	System Type: I II III IV V VI		☑ Residence	No. Bedrooms	3	Water Supply		
Pump Tank		(gal)	PT		Date		System Description:		25% Reduction			☐ Business	No. Persons		☑ Private		
Pump Make		Model			Serial #		Repair System Description:		Low Pressure PABPS			☐ Other	No. Employees		☐ Public		
# Nitrification Fields	1	# Lines	1		Linear Ft:	120	Maintenance Agreement Required:		☐ YES	☑ NO		☐ Slab	☑ Crawl Space		☐ Community		
Trench Width	36"	Max. Trench Bottom Depth		36"	Gravel Depth	N/A	☑ GRAVITY		☐ PRESSURE			☐ Basement w/plumbing			☐ Basement w/o plumbing		

Comments / Conditions: Install 120' of 25% reduction system on contour. Install Drop boxes at the beginning of each existing drainline as shown below to feed system via serial distribution.

INITIAL SITE SKETCH



AS BUILT SKETCH

Permit can be suspended or revoked if any false information is supplied toward securing the permit / any unauthorized changes are made to the site / any unauthorized changes are made in the installation of the system. **CONTACT A LOCATOR SERVICE PRIOR TO ANY EXCAVATION**

☐ **IMPROVEMENT PERMIT** *with plat valid without expiration.* ☑ **IMPROVEMENT PERMIT** *with site plan valid for 60 mos.* ☑ **AUTHORIZATION TO CONSTRUCT** *valid for period equal to IMPROVEMENT PERMIT--not to exceed 60 mo.*

Owner / Applicant Signature: D. Jakielski Date: 8-14-13 Installed by: Tommy Frye

IMPROVEMENT PERMIT by: Justin Henderson Date: 8-13-13 OPERATION PERMIT by: Date: 8-29-13

AUTHORIZATION TO CONSTRUCT by: Justin Henderson Date: 8-13-13 Existing System Inspected by: Date:

Health Dept. Copy - WHITE Applicant (Final Approval) - YELLOW Applicant (Conditional Approval) - PINK

Iredell County
Planning & Enforcement
349 N. Center St. PO Box 788
Statesville, NC 28687
704-878-3113

Zoning Permit

Permit Number: 179964ZO

Printed: 7/18/2013

Master #: 179964

Associated Permits:
179964ZO Zoning

Applicant
Name: DEBORAH DAWN JAKIELSKI
Address: 213 WINDING ARBOR CIRCLE
CELVELAND, NC 27013
Phone ~~X~~ 704.402.4104 ~~X~~

Parcel
Parcel Number: 4771356867.000
Address: 213 Winding Arbor Cr
Cleveland, NC 27013
Subdivision:
Zoning: RA
Township: 1300
Area: 0.76
Lot(s):
Directions to Parcel: 70 E, R Triplett, L On Watermoss, R Winding Arbor

8237

Owners
Name: DEBORAH DAWN JAKIELSKI
Address: 213 WINDING ARBOR CIRCLE
CELVELAND, NC 27013

$ PAID
Check
7-18-13 JW

Contractors

Fees and Receipts:

Number	Description	Amount
FEE-291118-07	Environmental Health - Gravity System	$500.00
	Total Fees:	**$500.00**
REC-148585-07		
REC-148586-07		$500.00
	Total Receipts:	**$500.00**

Conditions

REDELL COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
Application for SEPTIC REPAIR PERMIT

(THE ABOVE PERMIT DOCUMENTS WILL BECOME INVALID IF INFORMATION PROVIDED ON THIS APPLICATION IS FALSIFIED OR CHANGED, OR IF THE SITE IS ALTERED. THE IMPROVEMENT PERMIT IS VALID FOR EITHER 60 MONTHS OR WITHOUT EXPIRATION DEPENDING UPON DOCUMENTATION SUBMITTED - APPLICATION WITH SITE PLAN 60 MONTHS, APPLICATION WITH COMPLETE, SCALED PLAT WITHOUT EXPIRATION. SEE 15A NCAC 18A .1937(f) FOR DETAILS)

1. **APPLICATION FOR:** ___ Improvement Permit ___ Authorization To Construct ___ BOTH _X_ Existing System Inspection

2. **Page 2: *Site Plan Worksheet* Form MUST Accompany This Application**
   The following optional attachments may also be submitted: ___ Survey Plat, Scaled no more than 1 Inch = 60 Feet
   Place check ( ) beside whichever is submitted if applicable ___ Custom Site Plan, Scaled no more than 1 Inch = 60 Feet

3. **Applicant Information:**

Applicant Name	Mailing Address	Home Phone #	Alternate Phone #
Deborah Jakielski	213 Winding Arbor Circle Cleveland NC 27013	704-528-6433	704-402-4104
Owner Name	**Mailing Address**	**Home Phone #**	**Alternate Phone #**
Deborah Jakielski	213 Winding Arbor Circle Cleveland NC 27013	704-528-6433	704-402-4104

4. **Property Information:**

Street Address	Subdivision Name	Section/Phase and Lot Number
213 Winding Arbor	Willow Ridge	Lot 321

Driving Directions: 70 E. (R) Triplett Rd., (L) Watermoss (R) on 2ND Winding Arbor Circle, 5th on (R).

5. **RESIDENTIAL Site Development Information:** *(Check or Complete ALL that apply)*

( ) New, Single Family Residence
( ) New, Multi-Family Residence
(✓) Expansion of Existing Septic System
(X) Repair To Failing Septic System due to _____
( ) Other _____

Maximum Number of Bedrooms ___
Maximum Number of Occupants ___
If Expansion, Current Number of Bedrooms 2

( ) Crawl Space Foundation?
( ) Concrete Slab Foundation?
( ) Basement w/Plumbing?
( ) Basement w/out Plumbing?

IF Non-Residential Site Development:
Type of Business _____
Square Footage of Building _____
Maximum Number of Employees _____
Maximum Number of Seats _____

6. **Proposed Water Supply:**

( ) New Well (✓) Existing Well ( ) Community Well ( ) City Water ( ) Other Public Water

7. **Desired Septic System Type:** *(You may rank in order of preference, if any)* (✓) EXISTING SYSTEM installed ____ *Year*

( ) Alternative ( ) Conventional ( ) Innovative ( ) Modified Conventional ( ) Other _____ ( ) No Preference

8. **Please Answer The Following To The Best of Your Ability:**
( ) Yes ( ) No Does the site contain any jurisdictional wetlands?
( ) Yes ( ) No Is any non-domestic sewage (i.e. industry) to be generated?
( ) Yes ( ) No Is the site subject to approval by any other public agency?

I have read this application and certify that the information provided herein is true, complete, and correct. Authorized county and state officials are granted right of entry to conduct necessary inspections to determine compliance with applicable laws and rules. I understand that I am solely responsible for the proper identification and labeling of all property lines and corners and making the site accessible so that a complete site evaluation can be performed.

9. **Signature:** Deborah Jakielski — 7-17-13
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) — **DATE**

IREDELL COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
PAGE 2: *SITE PLAN WORKSHEET*

SEE THE "SAMPLE SITE PLAN" BELOW. *INCOMPLETE SITE PLANS WILL BE RETURNED TO YOU FOR COMPLETION AND MAY RESULT IN A DELAY IN THE ISSUANCE OF YOUR SEPTIC SYSTEM PERMIT!!!*

Place an (X) beside each item as you complete the site plan:

____ **Property Line measurements are clearly identified…**
____ **All proposed structures are indicated…**
SHOW: proposed house or business footprint, wells, water lines, patios, pools and decks, and any other item that will occupy space on the site
____ **Front and side setbacks from property line…**
____ **Preferred driveway location and configuration, preferred well location…**
____ **Area you prefer your septic system to be placed…**
____ **North arrow, or other sufficient indicator of direction…**

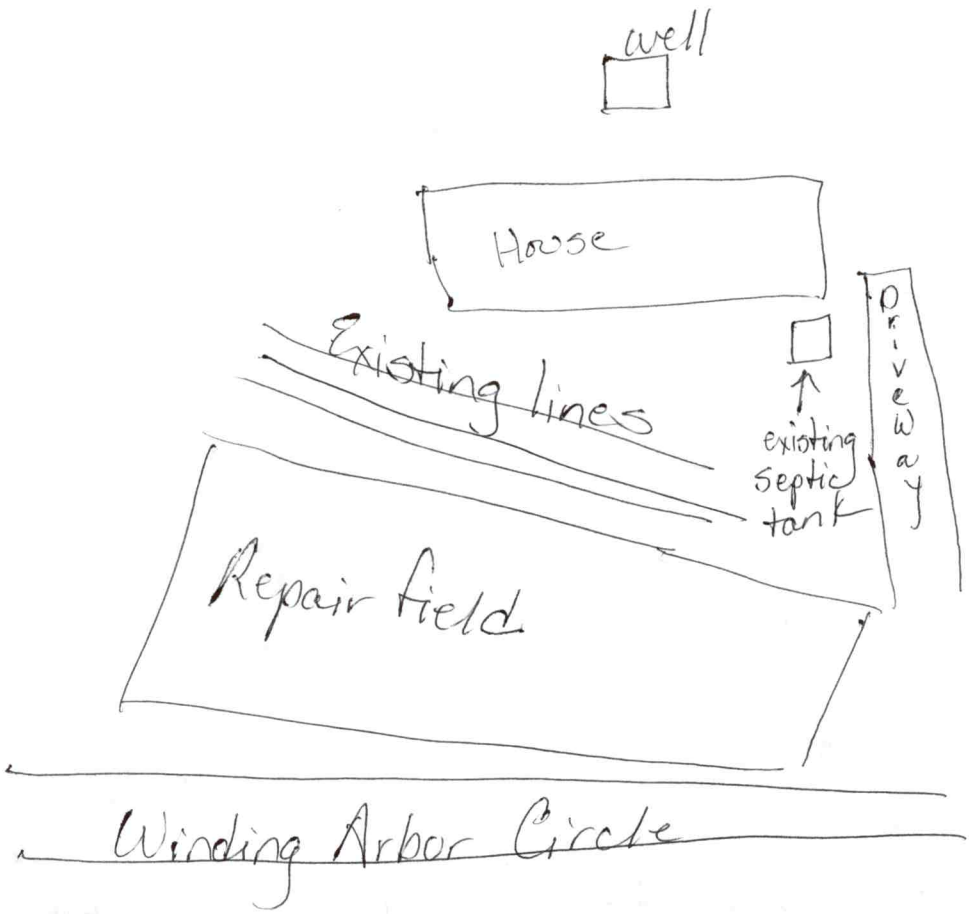
Circle N/A on the following if appropriate:

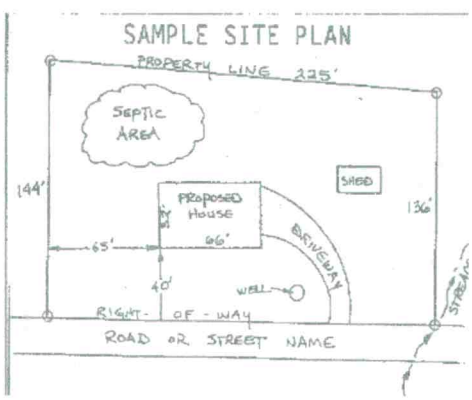
____ **Location of septic systems and wells within 100' of your property…** **N/A**
____ **Location of easements and rights of ways on your property…** **N/A**
____ **Location of any designated wetlands on the property…** **N/A**

Signature: Deborah Jakubiski
***REQUIRED* property owner or owner's legal representative signature.**

7-17-13
DATE

USE THIS SPACE TO DRAW YOUR SITE PLAN



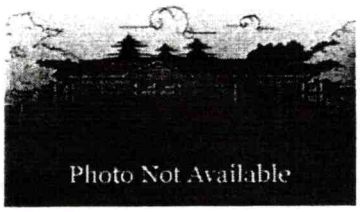


White Copy -- Environmental Health Yellow Copy -- Applicant

D. Jakielski 8/8/13

4700CT

3 Beds · 2.50 Baths · 1474 Sq. Ft.



Additional photos below. Click to enlarge.

Justin Anderson 8-8-13

PRODUCT INFO

Request product info!

Click to view.

RETAILERS

Search for a Skyline retailer!

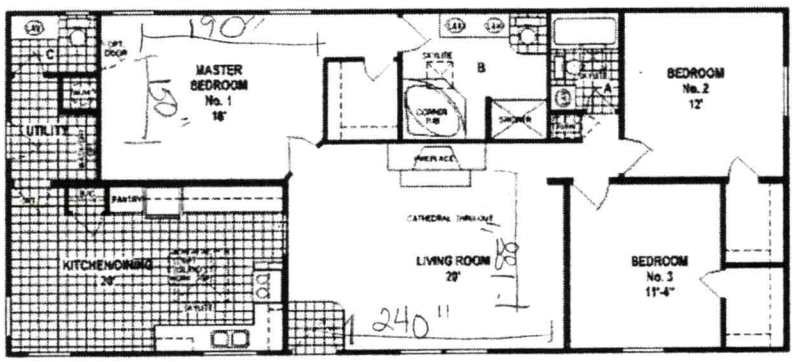
Click to search.

LOCALIZADOR DE COMUNIDADES

Localice a un vendedor de Skyline.

Haga clic para buscar.

Floor plan is reversed.



4700CT/5628 3BEDROOM - 2 1/2BATHS - CATHEDRAL THRU-OUT (1,474 SQ.FT.)

Puede haber otros planos disponibles. Algunas fábricas de Skyline ofrecen el servicio de personalización de planos. No todos los modelos se encuentran disponibles en todas las zonas. Verifique con el vendedor local para obtener mayor información.

L/R = 16' x 20' 320 ☒

mb = 16' x 12.5' 200 ☒

mb Hall = 64" x 42" 20 ☒

L/R Hall = 70" x 66" 33 ☒

DENR/DEH

ON-SITE WASTEWATER SECTION

Sheet 1 of 1
PROPERTY ID #: 4771356867
COUNTY: Iredell

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

OWNER: Deborah Jakielski
ADDRESS: 213 Winding Arbor Cir
PROPOSED FACILITY: 2BR → 3BR SFD
LOCATION OF SITE: 213 Winding Arbor Cir
WATER SUPPLY: • (Private) • Public • Well • Spring • Other N/A
EVALUATION METHOD: • (Auger Boring) • Pit • Cut

APPLICATION DATE: 7-18-13
DATE EVALUATED: 8-8-13
PROPOSED DESIGN FLOW (.1949): 360gpd
PROPERTY SIZE: 0.76acres
PROPERTY RECORDED: Yes
TYPE OF WASTEWATER: • (Sewage) • Industrial Process • Mixed

PROFILE #	.1940 LANDSCAPE POSITION/ SLOPE %	HORIZON DEPTH (IN.)	SOIL MORPHOLOGY (.1941) .1941 STRUCTURE/ TEXTURE	SOIL MORPHOLOGY (.1941) .1941 CONSISTENCE/ MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PROFILE CLASS & LTAR
1	12.5% NS	0-3	SC SBK	FR SS SP Mod SE	+48"	+48"	+48"	+48"	PS 0.35
		3-30	C mica SBK	FR SS SP Mod SE					
		30-48	CL mica WSBK	FR Mod SE					
2	14% NS	0-13	SC SBK	FR SS SP Mod SE	+48"	+48"	+48"	+48"	PS 0.35
		13-40	C mica SBK	FR SS SP Mod SE					
		40-48	CL WSBK	FR Mod SE					
3	12% NS	0-30	C mica SBK	FR Mod SE	+48"	+48"	+48"	+48"	PS 0.35
		30-48	CL mica WSBK	FR Mod SE					
4	12% NS	0-24	C mica SBK	FR Mod SE	+48"	+48"	+48"	+48"	PS 0.35
		24-48	CL mica WSBK	FR Mod SE					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	PS	PS
System Type(s)	III	IV
Site LTAR	0.15	0.25

OTHER FACTORS (.1946): N/A
SITE CLASSIFICATION (.1948): PS

EVALUATED BY: Justin Henderson
OTHER(S) PRESENT: Deborah Jakielski

COMMENTS: N/A

LEGEND

use the following standard abbreviations

LANDSCAPE POSITION	GROUP	SOIL TEXTURE	CONVENTIONAL .1955 LTAR*	LPP .1957 LTAR*	MINERALOGY/ CONSISTENCE	STRUCTURE
CC (Concave Slope)	I	S (Sand)	1.2 - 0.8	0.6 - 0.4	NEXP (Non-expansive)	G (Single Grain)
CV (Convex Slope)		LS (Loamy Sand)			SEXP (Slightly Expansive)	M (Massive)
D (Drainage Way)					EXP (Expansive)	CR (Crumb)
DS (Debris Slump)	II	SL (Sandy Loam)	0.8 - 0.6	0.4 - 0.3		GR (Granular)
FP (Flood Plain)		L (Loam)				SBK (Subangular Blocky)
FS (Foot Slope)						ABK (Angular Blocky)
H (Head Slope)	III	Si (Silt)	0.6 - 0.3	0.3 - 0.15		PL (Platy)
L (Linear Slope)		SiCL (Silty Clay Loam)				PR (Prismatic)
N (Nose Slope)		CL (Clay Loam)				
R (Ridge)		SCL (Sandy Clay Loam)			**MOIST**	**WET**
S (Shoulder Slope)		SiL (Silt Loam)				
T (Terrace)					VFR (Very Friable)	NS (Non-sticky)
	IV	SC (Sandy Clay)	0.4 - 0.1	0.2 - 0.05	FR (Friable)	SS (Slightly Sticky)
		SiC (Silty Clay)			FI (Firm)	S (Sticky)
		C (Clay)			VFI (Very Firm v. Very Sticky)	VS (Very Sticky)
		O (Organic)	None	None	EFI (Extremely Firm)	NP (Non-plastic)
						SP (Slightly Plastic)
						P (Plastic)
						VP (Very Plastic)

*Adjust LTAR due to depth, consistence, structure, soil wetness, landscape, position, wastewater flow and quality.

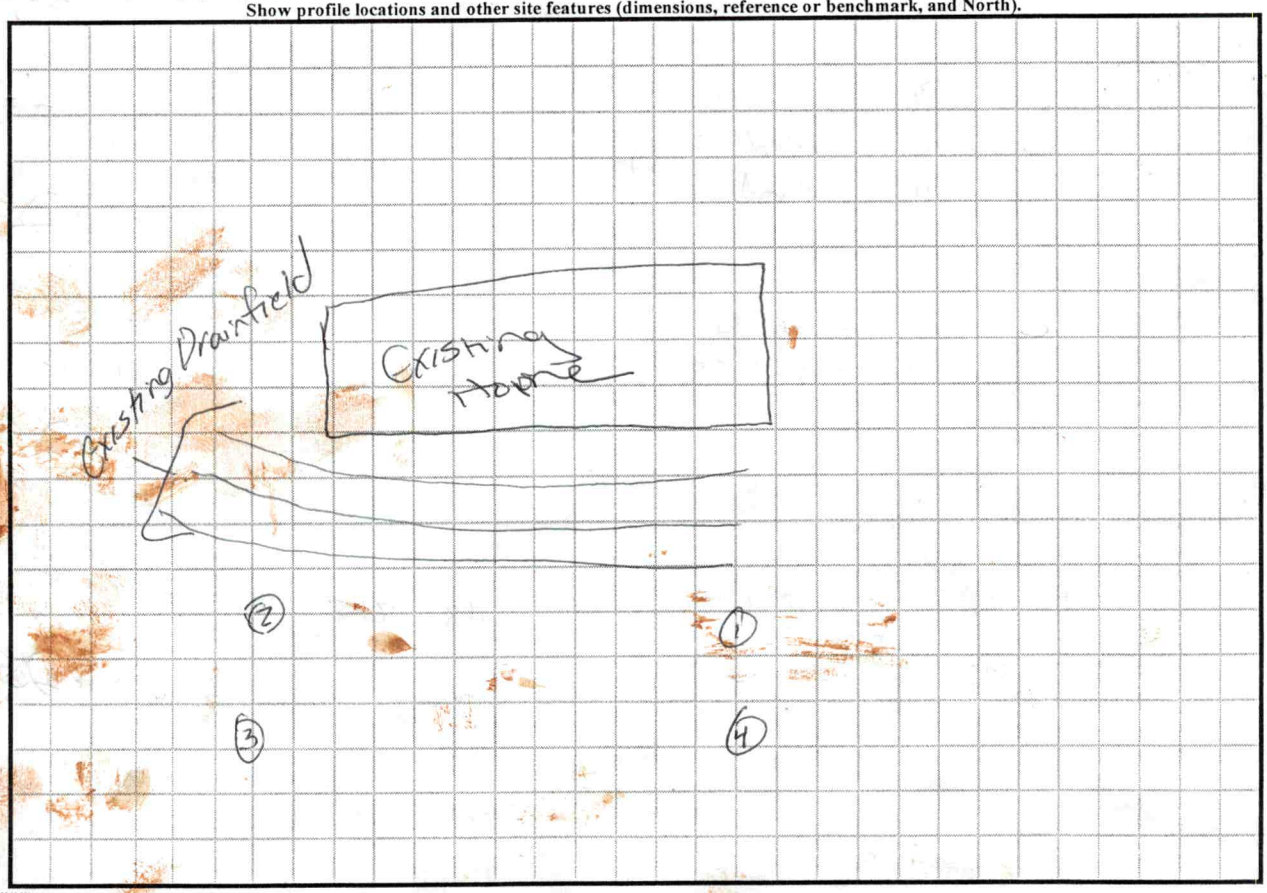
NOTES

HORIZON DEPTH	In inches below natural soil surface
DEPTH OF FILL	In inches from land surface
RESTRICTIVE HORIZON	Thickness and depth from land surface
SAPROLITE	S(suitable) or U(unsuitable)
SOIL WETNESS	Inches from land surface to free water or inches from land surface to soil colors with chroma 2 or less - record Munsell color chip designation
CLASSIFICATION	S (Suitable), PS (Provisionally Suitable), or U (Unsuitable)

Evaluation of saprolite shall be by pits.

Long-term Acceptance Rate (LTAR): gal/day/ft^2

Show profile locations and other site features (dimensions, reference or benchmark, and North).



DENR (######)

Review (#####)